U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 05 956	2. Fiscal Year Covered From:		
	0]/0]/2005 Through: 2/3]/2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name JOHN I WILSON	Name NATIONAL EDUCATION ASSOCIATION		
<u>-</u>	Labor Organization File Number 000 - 342		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1650-A BEEKMAN PLACE, NW	Street 1201 16 th STREET, NW		
City WASHINGTON	City WASHINGTON		
State DC ZIP Code + 4 20009 - 409	5 State DC - ZIP Code + 4 20036-3290		
5. Position in labor organization. EXECUTIVE DIRECTOR			
Enter appropriate:data below.if, during the past fiscal;year, you or your spouse or minor child directly or indirectly had any of the following interests			
A. Held an interest in, engaged in transactions (including loans) with of derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.5. Amount		
City .			
State Total Pipe ZIP Code +14	ing various of ministrial in the number income		
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions:)			
Signed Policy LW18	On <u>5/5/06</u> (202) 387 - 7996 -Date Telephone Number		
V	1		

Name of Person Pilling O DIP 10 II - 10 1 10 II	The Number C-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name THE FELDMAN GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 508 8 ⁺ STREET, 5E City WASHINGTON State DC ZIP Code + 4 20003-2894	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code ÷ 4	11.a. Nature of such dealing. Consultant 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received the such dealing. H Tickets to the such dealing.		
	12.b. Amount.	#392.	
C. Roceived from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	or other thing of value. 14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment,		